



Application

Please print

Your last name		First	Middle initial	Maiden Name	
Street address				Telephone	
City	State	ZIP	E-mail address		
Mailing address (if different)			Date of birth	Social Security number	
City	State	ZIP	Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you (pick one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian			Do you get:	Social Security Disability Benefits (SSDI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> *No			*If I am not a U.S. Citizen, I agree by signing this Application to provide a copy of my USCIS documentation upon request.		
*If no, my immigration status is _____			My alien number is _____		
What is your highest level of education? <input type="checkbox"/> Less than high school <input type="checkbox"/> High school completion certificate <input type="checkbox"/> High school diploma <input type="checkbox"/> HS equivalency (GED) <input type="checkbox"/> Occupational skills certificate/credential <input type="checkbox"/> Occupational skills license <input type="checkbox"/> Post-secondary certificate or diploma (1-year or less) <input type="checkbox"/> Associate's or technical degree (2-year) <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Post-bachelor certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-master's certificate <input type="checkbox"/> Professional degree <input type="checkbox"/> Doctoral degree					
Living Situation: <input type="checkbox"/> Buying home <input type="checkbox"/> Dormitory/Temporary location <input type="checkbox"/> Group home/Halfway House <input type="checkbox"/> Homeless <input type="checkbox"/> Institution <input type="checkbox"/> Live with foster parents/guardian <input type="checkbox"/> Live with parents <input type="checkbox"/> Own home <input type="checkbox"/> Renting					
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
What is your primary source of support? <input type="checkbox"/> Personal income <input type="checkbox"/> Family & friends <input type="checkbox"/> Public support <input type="checkbox"/> All other sources					
What did you do last week? <input type="checkbox"/> Worked for a business <input type="checkbox"/> Worked for myself <input type="checkbox"/> Worked in a family farm or business <input type="checkbox"/> Worked in a sheltered workshop <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Job trainee <input type="checkbox"/> Looked for work <input type="checkbox"/> Did not look for work					
If you worked last week: Who did you work for? What was your job?		How much did you earn last week? \$	How many hours did you work?	When (date) did you start this job?	
What benefits can you get on this job? <input type="checkbox"/> None <input type="checkbox"/> Health insurance <input type="checkbox"/> Retirement <input type="checkbox"/> Sick leave <input type="checkbox"/> Vacation <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (describe)			Please tell what health or medical condition, injury, physical impairment or mental impairment limits your ability to work.		
When (date) did this condition begin?	Did an accident or injury at work cause this condition? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was the date of the accident?	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you get a payment from VA for a service related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What kind of job do you want to do? (Be specific)			What help do you need to go to work in this job?		
Who told you to get in touch with Vocational Rehabilitation?		Do you wish to register to vote at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Nebraska Vote Registration form can be found at www.sos.state.ne.us/forms/pdf/vr.pdf					

I hereby attest that my responses and the information provided on this form for services are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand the next section of this form and I understand that as an applicant for services, I will get only services needed to find out if Vocational Rehabilitation can help me get ready for, get, keep, or regain a job. My signature shows I intend to get and keep a job with an employer in the open labor market, or to work for myself (such as by owning a business, independent contracting, or keeping house), in a job that is in line with my strengths, abilities, capabilities, interests, and informed choices.

X Applicant (Signature)	X Date	X Parent, Guardian or Representative	X Date
		X Vocational Rehabilitation Representative	X Date

Information for You

What is the purpose of Vocational Rehabilitation? The purpose of Vocational Rehabilitation is to help you go to work.

Do I intend to work? You must intend to go to work to get our services. Completing and signing this application means you plan to—
(continued on back)

- get and keep a full time job (or a part time job, if this is right for you,) in the open labor market or
- work for yourself (such as owning a business, independent contracting, or keeping house)

in a job that is in line with your strengths, abilities, capabilities, interests, and informed choices.

How can I get help from Vocational Rehabilitation(VR)? You can get help from VR if you meet these conditions:

1. You have a physical or mental impairment.
2. This impairment makes it hard for you to get ready for, get, or keep a job.
3. You need VR's help to get ready for, get, or keep a job.
4. You are in a priority group VR can help.

Your age, race, color, creed, national origin, sex, or type of disability will not affect whether VR can help you.

How long will it take to find out if VR can help me? We will decide if we can help as soon as we can get information about the four conditions above.

If you are in a priority group that VR cannot help, we will tell you in writing. You can ask to be put on a waiting list. Or, you can ask us to send you to another program in Nebraska's workforce development system.

What happens if VR can help me? If VR can help you, your next step is to come up with your *Individual Plan for Employment*.

Will I have to pay for services? Help from VR staff will not cost you anything. If you need help from others, VR encourages you and your family to share in the cost.

We will help you and your family apply to any other agencies, organizations, and programs that may provide or pay for the help you need.

VR's detailed guidelines on services and financial aid are in Rule 72 (Title 92 Nebraska Administrative Code, Chapter 72). You may ask for a copy of this rule or get one at: <http://www.nde.state.ne.us/LEGAL/RULES.html>.

Do I have to give personal information to VR? The Federal Rehabilitation Act and regulations require us to get information about you so we can—

- find out if we can help you,
- help you choose your job goal and plan your services,
- provide services to you,
- review your progress toward your job goal, and
- report to the Federal government.

Giving us personal information is voluntary. However, if you do not give us needed information, your services may be delayed, or your case may be closed.

VR staff who are helping you, VR managers, and VR support staff can look at your personal information.

VR and others outside VR who are helping you may share and exchange personal information if it is needed to decide your eligibility for services and benefits from other programs, verify your needs, and coordinate your services. VR follows Federal guidelines for this exchange.

What are my rights?

Fair and prompt eligibility decision. You have the right to have your application handled fairly and promptly. VR will decide if we can help you as quickly as we can.

Informed choice. You have the right to take part in meaningful decisions about the services you receive.

Inclusion. You have a right to get services in a place where you can be with people who do not have disabilities whenever possible.

Access to your records. If you or your appointed representative make a written request, VR will let you look at and copy information in your service record, except for information which another agency, organization, person, or Federal regulations say we cannot release to you. If you think any information in your record is inaccurate or misleading, you can ask us to change it. If we do not change it, we will put that information in your record.

Access to Client Assistance Program. You can get in touch with the Client Assistance Program if you need information or help to—

- understand vocational rehabilitation services
- get advice about services or benefits that may be available to you
- get advice about your rights and responsibilities

- deal with problems with a program that is providing you with vocational rehabilitation services
- asking for mediation or a review of a VR decision



Call 1.800.742.7594 (toll free)
471.3656 (Lincoln) TT Available



Write to Box 94987
Lincoln, Nebraska 68509

Right to mediation If you want mediation of any decision about your VR eligibility or your priority group, you may contact the Regional Mediation Center serving your county. You can ask VR or the *Client Assistance Program* for a list.

Both you and VR must volunteer to take part in mediation. A qualified and impartial mediator who is trained in effective mediation techniques will do the mediation.

Review of eligibility and priority group decisions If you want a review of a decision about your eligibility or priority group, you may file a petition for an impartial review. An impartial hearing officer using the Nebraska Department of Education's Rule 71 (Title 92 Nebraska Administrative Code, Chapter 71) will do this review. You can ask VR or the *Client Assistance Program* for a copy of this rule, or get a copy at: <http://www.nde.state.ne.us/LEGAL/RULES.html>. It contains a sample petition form.

Your petition must tell the factual reasons why you want the review and concisely tell the solution you want. You must submit your petition within 30 calendar days of the date you get the written decision. Send your petition with a copy of the written decision you want reviewed to:

Impartial Hearing Coordinator
Vocational Rehabilitation
PO Box 94987
Lincoln NE 68509

You can ask the *Client Assistance Program* for help.

What can I expect of VR?

You can expect VR staff to—

- be fair
- treat you with respect and dignity.
- care about you and your situation.
- be honest with you about our services.
- be quick to meet your needs.
- return your calls right away.
- be on time for your appointments.
- let you know if they cannot keep an appointment or will be late for it.
- keep in touch with you.
- take the time to explain things to you.
- complete agreed on assignments on time.
- do what they say they will do.
- help you get the services and supports you need.

We will give you a chance to tell us if we did these things.

What does VR expect of me?

We expect you to—

- be honest with us about your wanting to work.
- verify your family income, assets, and disability expenses if we ask.
- take an active part in planning your services and carrying out your plan.
- be on time for your appointments with us.
- let us know if you cannot keep an appointment or will be late for it.
- apply for and use services and benefits from other programs for which you may be eligible.
- follow the advice doctors and health professionals give you.
- complete agreed on assignments on time.
- tell us right away if—
 - a health, personal, or family problem interferes with your activities;
 - your income, assets, or disability expenses change; or
 - you run into a problem with your services or service providers.

We may delay, suspend, or end our help to you if you do not live up to these expectations.